TEAM NAME

PREMIER CLAYTON SHOCKERS 20011/12 ABSENTEE FORM

NAME	PHONE	TODAY'S DATE	
DATE OF ABSENC	E(S)		
Please check one of the following: School affiliated sports activity (Coach's signature required) (i.e. track, cheerleading game, soccer, etc.) School function for a grade (Teacher's signature required) Sick (Doctor's note or signature required) Other: Explain			
Parents Signature:			
In the case of sidillness.We understand	ckness, the form with an appro that other circumstances may a	actice or they will be <u>unexcused</u> . priate signature must be turned in at the first practice following trise and they will be taken on a case by case basis. Il result in dismissal from the squad.	he
		TEAM NAME	
		CLAYTON SHOCKERS ABSENTEE FORM	
NAME	PHON	JETODAY'S DATE	
DATE OF ABS	ENCE(S)		
(i.e. track, cheerSchool functionSick (Doctor's r	I sports activity (Coach's signal leading game, soccer, etc.)	re required)	
Parents Signature:			

Please note:

- Forms must be turned in prior to the missed practice or they will be <u>unexcused</u>.
- In the case of sickness, the form with an appropriate signature must be turned in at the first practice following the illness
- We understand that other circumstances may arise and they will be taken on a case by case basis.
- Excessive absence, tardy or early dismissal will result in dismissal from the squad.